

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37653

1. Entity Name  
**NAPLES GREEN CONDOMINIUM ASSOCIATION, INC.**



FILED

03 JUL 25 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
234 PEBBLE BEACH BLVD.  
NAPLES, FL 34113

Mailing Address  
234 PEBBLE BEACH BLVD.  
NAPLES, FL 34113

2. Principal Place of Business

3. Mailing Address  
**265 Airport Road S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NAPLES, FL**

City & State

City & State

Zip

Country

Zip

Country

**34104**

**Collier**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0297652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADKINS, WILLIAM H  
303 FILLMORE ST  
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name **Sandra L. Hagedorn**  
Street Address (P.O. Box Number is Not Acceptable)  
**RFP Property Mgmt.**  
**265 Airport Road S.**  
City **NAPLES** FL **34104**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**6/27/03**

DATE

FILE NOW FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | PD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | HERMES, CLAIR                |                                            |
| STREET ADDRESS | 226 PEBBLE BEACH BLVD        |                                            |
| CITY-ST-ZIP    | NAPLES, FL 34113             |                                            |
| TITLE          | TD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | GALLUP, WAYNE                |                                            |
| STREET ADDRESS | 234 PEBBLE BEACH BLVD        |                                            |
| CITY-ST-ZIP    | NAPLES, FL 34113             |                                            |
| TITLE          | DS                           | <input checked="" type="checkbox"/> Delete |
| NAME           | LYNCH, EDWARD                |                                            |
| STREET ADDRESS | 226 PEBBLE BEACH             |                                            |
| CITY-ST-ZIP    | NAPLES, FL                   |                                            |
| TITLE          | D                            | <input type="checkbox"/> Delete            |
| NAME           | BAYRD, RICHARD               |                                            |
| STREET ADDRESS | 232 PEBBLE BEACH BLVD., #104 |                                            |
| CITY-ST-ZIP    | NAPLES, FL 33962             |                                            |
| TITLE          | VD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | NOPKINS, SCOTT               |                                            |
| STREET ADDRESS | 234 PEBBLE BEACH BLVD. #305  |                                            |
| CITY-ST-ZIP    | NAPLES, FL 34113             |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | President                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GERALD C. POWERS            |                                                                              |
| STREET ADDRESS | 236 Pebble Beach Blvd. #408 |                                                                              |
| CITY-ST-ZIP    | NAPLES, FL 34113            |                                                                              |
| TITLE          | ROSE SHANNON JR. TRSR.      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                             |                                                                              |
| STREET ADDRESS | 234 Pebble Beach Blvd. #302 |                                                                              |
| CITY-ST-ZIP    | NAPLES, FL 34113            |                                                                              |
| TITLE          | SECRETARY VICE PRES         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | NANCY PERRY                 |                                                                              |
| STREET ADDRESS | 238 Pebble Beach Blvd. #606 |                                                                              |
| CITY-ST-ZIP    | NAPLES, FL 34113            |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DENNIS O'LEARY              |                                                                              |
| STREET ADDRESS | 236 Pebble Beach Blvd. #403 |                                                                              |
| CITY-ST-ZIP    | NAPLES, FL 34113            |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-ST-ZIP    |                             |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)